EXHIBIT "J"

	47-1990469	9	2017 Copy B-To Be Filed With at www.irs.gov/effle Comployee's FEDERAL Tax Return OMB No. 1545-0008						
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Case 1:23-cv-02802-ENV-PK Document 39-34178-Filed 05/07/25 Page 4 of 5 Page D #:

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AIBAL A GUTAMA 5919 4TH AVENUE

BROOKLYN, NY 11220

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18 Local wagen, Ion, 40: 64500.00		2306.09	NYC		

Form W-2 Wage and Tax Statement

Department of the Trainiumy Internal Revenue Service

relativistics is being furnished to the Internal Revenue Service.

e Employee's rooms, address, and ZIP code

ANIBAL A GUTAMA 5919 4TH AVENUE

BROOKLYN, NY 11220

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13 Sustrainery employees Flantrument plens Elect party solk pay			125 Code			
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18 Local wages, tex. 48. 64500.00		2306.09	10 Y C			

Form W-2 Wage and Tax Statement

Department of the Treasury Internal Revenue Service

Copy 2-To Be Filed Wit	h Employee's State, City, e		W-2 2021 1545-0000	
	1 Wages, Sps. other compensation	2 Fee	teral income Yax Withheld	
a Employee's social security number	64500.00		493.50	
	3 Social security wages.	4 Social security lax withheld		
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	5 Modicare wages and tes	6 Medicare Lax withhold		
47-1990469	64500.00	9	35,25	

c Employer's name, address, and ZIP code

WHITESTONE AIR, INC 145-44 15FH DRIVE

WHITESTONE, NY 11357

e Employee's name, address, and ZIP code

ANIBAL A GUTAMA 5914 ATR AVENUE

SRACKINA, NY 11239

f Horsel security box 10 (Japondani care benefits		8 Abjunted tos	9		
		1 t Hangadhed pleas	12a Code See instructions for Sux 1		
		14 Other		17b Code 12c Code	
		SD	0,00		
				13d Code	
FT	47-1990469		64500.00	3290.36	
	Employer's state 8) number		16 State wages, Spik olic	17 State income liss	
16 Local Wages, tot, old 645 UU - 00		19 Local rooms 148 2 3 0 6 . 0 9	NAC		

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a Employee's social security number	Wages, los, other compensation	-	eral income Tax Withheld		
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	3 Social security wages	10.00	ini socurey tax estricted		
b Employer's duratication no (EM)	84500.00		999.70		
S. Marie Company of the Company of t	5 Modices wages and tips	6 Med	dicare tax withheld		
47-1990469	64500.00	_ 9	35.25		

c Employer's name, address, and ZiP code

WHITESTONE AIR, INC 149-44 15TH DRIVE

WHITESTONE, NY 11357

d Control Number

e Employee's name, address, and ZIP code

ANIBAL A GUTAMA 5919 4TH AVENUE

BROOKLYN, NY 11220

F Social security tops 10 Dependent care buretity		8 Allocated lips	ğ		
		1) Hungaphed plans	12a Codo - See instructions for Sci. 1.		
13 Statutory employee 14 Other			12b Code		
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There's purity such party			12d Code		
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181cal was to 64 164590.00		2306.09	20 Locally name N Y C		

Form W-2 Wage and Yas Statement

Department of the Treasury

REV 01/27/23 PRO



Department of Taxation and Finance

Summary of W-2 Statements New York State • New York City • Yonkers

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

	Box c Employer's information Employer's name							
N-2 Record 1		7						
ox a Employee's Social Security number	WHITESTONE AIR, INC.							
or this W-2 Record	Employer's address (number and street)							
	149-44 15TH DRIVE	Ctata	ZIP code	Country				
ox b Employer identification number (EIN)		State		Conney				
471990469	WHITESTONE	NY	11357					
sox 1 Wages, tips, other compensation	Box 12a Amount	Code	Box 14a Amount		Description			
57058.00	.00			.00]				
Box 8 Allocated tips	Box 12b Amount	Code	Box 14b Amount		Description			
.00.	.00			.00				
Box 10 Dependent care benefits	Box 12c Amount	Code	Box 14c Amount		Description			
.00	.00			.00				
	Box 12d Amount	Code	Box 14d Amount		Description			
30x 11 Nonqualified plans	.00			-00				
300	.00				-1			
Retre NY State information: Box 15a NY State Other state information: Box 15b	Box 16a NYS wages, tips, 6 N Y Box 16b Other state wages	058.00 s, tips, etc.	ox 17a NYS income tax ox 17b Other state income	2910.00 e tax withheld	Corrected (W-2c)			
other state		.00		.00	21.27			
nformation (see instr.):	18 Local wages, tips, etc.	Box 19	ocal income tax withheld		Box 20 Locality name			
Locality a		cality b	2010	.00 Locality				
W-2 Record 2 Box a Employee's Social Security number or this W-2 Record	Employer's address (number and stre	eet)						
Box b Employer identification number (EIN	(City	Stat	e ZIP code	Country				
					2012			
Box 1 Wages, tips, other compensation	Box 12a Amount	Code	Box 14a Amount		Description			
	.00			.00				
.00	Box 12b Amount	Code	Box 14b Amount	100				
3ox 8 Allocated tips				.00				
.00.		Cada	Box 14c Amount	.00	Description Description			
3ox 10 Dependent care benefits	Box 12c Amount	Code	BOX 14C Amount	00	Beschpilon			
.00.	.00.	للبا	D 441 A	.00.				
Box 11 Nonqualified plans	Box 12d Amount	Code	Box 14d Amount	201	Description			
.00	.00			.00				
Box 13 Statutory employee Retir	rement plan Third-party sick pay Box 16a NYS wages, tips,		Box 17a NYS income tax	withheld	Corrected (W-2c)			
NY State information: Box 15a	NIY	.00		.00				
NY State	Box 16b Other state wage		Box 17b Other state incom					
Other state information: Box 15b other state	DOX TOD Other state wage	.00	The Carol Clare House	.00				
NVC and Yonkers Box	x 18 Local wages, tips, etc.		Local income tax withheld		Box 20 Locality name			
information (see instr.):	x 18 Local wages, tips. etc.	Box 19	Local income tax withhele	1				
NYC and Yonkers information (see instr.): Locality a	.00 La		Local income tax withheld		a			



